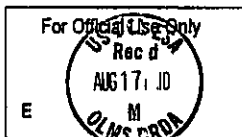


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9055</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Richard</u> <u>Roberts</u> P O Box Bldg Room No if any Street <u>1036 McLean Avenue</u> City <u>Wantagh</u> State <u>New York</u> ZIP Code + 4 <u>11793</u>	4 Name file number and address of labor organization Name <u>Enterprise Assn of Steamfitters Local 638</u> Labor Organization File Number <u>035-070</u> P O Box Building and Room Number if any Street <u>32-32 48th Avenue</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>Steamfitters Industry Welfare Fund</u> Trade Name if any P O Box, Bldg Room No if any Street <u>5 Penn Plaza 19th Floor</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10001 1887</u>	7 a Nature of Interest, Transaction or Income <u>Payment of registration and hotel room expenses for educational conference in connection with my position as Benefit Fund trustee</u> 7 b Amount <u>\$2 231</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)		
Signed <u>Richard B Roberts</u>	On <u>8/12/05</u>	<u>(718) 392-3420</u>
	Date	Telephone Number

Name of Person Filing <b>Richard Roberts</b>	File Number <b>U</b>
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**B** Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**9** Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State  ZIP Code + 4

**11 a** Nature of such dealing

**11 b** Approximate dollar value of such dealing

**12 a** Nature of interest held or income received

**12 b** Amount

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name **Mechanical Contractors Assoc of NY Inc**

Trade Name if any

P O Box Bldg Room No if any

Street **44 West 28th St**

City **New York**

State **New York** ZIP Code + 4 **10001**

**14 a** Nature of payment

Attended precontract negotiating meetings in November and December 2004 The cost of the meeting room rental was \$206 This expense was reimbursed to the MCA of NY by my employer the Enterprise Assoc of Steamfitters local 638

**13 b** Is the Business an Employer ☒ or Consultant ☐ ?

**14 b** Amount of payment

**\$206**

## Part C Continuation Page

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name Colleran O Hara and Mills LLP

Trade Name if any

P O Box Bldg Room No if any Suite 450

Street 1225 Franklin Avenue

City Garden City

State New York ZIP Code + 4 11530

**14 a Nature of payment**

Attended the Colleran O Hara & Mills golf outing-business/social function The value of which was \$276 The expense was reimbursed to Colleran O Hara & Mills LLP by my employer the Enterprise assn of Steamfitters Local 638

**13 b Is the Business an Employer** ☒ or Consultant ☐ ?

**14 b Amount of payment**

\$276

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name J W Seligman (Mike Burtash)

Trade Name if any

P O Box Bldg Room No if any

Street 80 Orville drive

City Bohemia

State New York ZIP Code + 4 11716

**14 a Nature of payment**

Attended a dinner regarding investments paid and provided by Mike Burtash of J W Seligman in February 2004 The value of which was \$100 The expense was reimbursed to Mike Burtash by my employer the Enterprise Assn of Steamfitters Local 638

**13 b Is the Business an Employer** ☒ or Consultant ☐ ?

**14 b Amount of payment**

\$100

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment**

**13 b Is the Business an Employer** ☐ or Consultant ☐ ?

**14 b Amount of payment**

Name of Person Filing Richard Roberts	File Number U
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**Part A Continuation Page**

<p>A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text" value="Steamfitters Industry Welfare Fund"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text" value="5 penn Plaza 19th Floor"/></p> <p>City <input type="text" value="New York"/></p> <p>State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10001"/></p>	<p>7 a Nature of Interest Transaction or Income</p> <p>Meal expense paid by Steamfitters Industry Welfare Fund while attending the Steamfitters Industry Assistance Program conference The cost was \$80 The expense was reimbursed by my employer the Enterprise Assn of Steamfitters Local 638</p> <p>7 b Amount</p> <p align="right"><input type="text" value="\$80"/></p>

<p>A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text" value="Steamfitters Industry Welfare Fund"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text" value="5 Penn Plaza 19th Floor"/></p> <p>City <input type="text" value="New York"/></p> <p>State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10001"/></p>	<p>7 a Nature of Interest Transaction or Income</p> <p>Attended apprentice graduation ceremony and dinner The cost was \$118 The expense was reimbursed by my employer the Enterprise Assn of Steamfitters Local 638</p> <p>7 b Amount</p> <p align="right"><input type="text" value="\$118"/></p>

<p>A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</p>	
<p>6 Name and address of Employer (including trade name if any)</p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>7 a Nature of Interest Transaction or Income</p> <p><input type="text"/></p> <p>7 b Amount</p> <p align="right"><input type="text"/></p>